PREHOSPITAL CONTINUING EDUCATION RECORD

Los Angeles County EMS Office of Education

10100 P	ioneer Blv	d, Suite 200	
Santa	Fe Springs	CA 90670	

COURSE TITLE: Health Assessment – 3 Semester Units									
COURSE DATE: Fa	Ils Semester 2004	EMS CE Ho	ours: 2 OINSTRUCT	OR BASED NON-INST	RUCTOR BA	SED			
INSTRUCTOR(S): <u>Calif</u>	ornia State University Domin This course has been appro		a EMS Continuing Educat	ion Provider #19-0001					
Format: ☐ Lecture ☐ Field Ca	re Audit College Course Cli	nical/Field Observat	ion Advanced Topic	National/Regional Sponsored	Course □ Me	edia Productic			
Print Last Name	Print First Name	License # Type Certification	Signature	Employer	Test P/F	Eval Cert Rec. Sent			
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Type: P=Paramedic, E=EMT-I, E2=EMT-II, N=MICN, RN/LVN/LPN=Nurse, F=First Responder CE Programs must retain this record for four years									

Instructor Signature